



The Society of Anaesthetists of Wales
Cymdeithas Anesthetyddion Cymru

Spring Scientific Meeting 2017
10 March 2017
Theatr Brycheiniog, Brecon

Trainee Competition Application Form.

Details of the first author of the presentation:

Title: _____ First Name: _____ Surname: _____

Institution where you work:

Full correspondence address:

Telephone: _____ Mobile: _____

Email: _____

Position/job title: _____

Title of abstract:

Category: Quality Improvement & Audit / Case Report / Research

Details of the presenter (if different to above):

Title: _____ First Name: _____ Surname: _____

Institution where you work: _____

Declaration

I hereby submit my abstract to the Society of Anaesthetists of Wales for consideration of presentation at the Spring Scientific Meeting. By e-mailing the form to secretary.saw@outlook.com or posting the form to the Society, I declare that:

- I am one of the participants in the project.
- I have read and understood the rules pertaining to the competition.
- For quality improvement / audit projects, the project has been registered with the Audit Department in the hospital(s) concerned.
- For case reports, informed consent has been obtained from the patient for presentation of the case and for any photos or images used therein.
- For research projects, approval from the local Research & Development Board has been obtained.
- No personal identifiable information relating to patients is included in either the abstract or the presentation. (The exception is for photos for which consent had been obtained.)

Please submit abstracts to secretary.saw@outlook.com by Friday 17 February 2017.